

DEC 13 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

39223

Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. 101  
 (b) Township ..... Primary Registration District No. 1003  
 (c) City St. Louis (d) Street No. 5435 a Easton Registered No. 10210  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Leo Levine

(a) Residence, No. 5435 Easton St. 6  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sophie Levine

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 31, 1888

7. AGE YEARS 49 MONTHS 3 DAYS 1 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Technician9. Industry or business in which work was done, as saw mill, bank, etc. Dental

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Kiev (STATE OR COUNTRY) Russia

13. NAME Maurice Levine

14. BIRTHPLACE (CITY OR TOWN) Kiev (STATE OR COUNTRY) Russia

15. MAIDEN NAME Rebecca (unk)

16. BIRTHPLACE (CITY OR TOWN) Kiev (STATE OR COUNTRY) Russia

17. INFORMANT Sophie Levine (ADDRESS) 5435 a Easton

18. BURIAL, CREMATION, OR REMOVAL Valhalla Crematory DATE 11/3/37

19. FUNERAL DIRECTOR H. B. Berger (ADDRESS) 4715 N. Pherson

20. NOV 3 1937 Local Registrar J. F. Bredeck

## NO PHYSICIAN IN ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/1/37 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 10:35 P.M.

The principal cause of death and related causes of importance were as follows:

Gun shot wound through the heart self inflicted, at his home, 5435a Easton Ave., on Nov. 1, 1937 at about 9:50 P.M.

Other contributory causes of importance:

Name of operation ..... Date of ..... What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Suicide Date of injury 11/1/1937

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In Home.

Manner of injury See Above.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Joseph M. Quinn (Address) Reputy Camer

STATEMENT BY LICENSED EMBALMER

I, Herbert L. Berger, Licensed Embalmer No. 1597

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_  
working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed \_\_\_\_\_

Licensed Embalmer No. 1597

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**